## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

|   | 1996   | DIVISION OF CO                         | ORPORATIONS                      |  |   |
|---|--|--|----------------------------------|--|---|
| DOCUI<br>1. Corporation   | MENT # 757598  | (8)                                    |                                  |  |   |
| P.A.R.C.O. ARSON CO-OP OF FLORIDA, INC.   |  |  |                                  |  |   |
| 1 7,511.0   |  |  |                                  | A CORPUS AND A COR | ANAN ANDAH BIBU BIBU BABU BABU BIBU BIBU IBBU |
| Principal Place   | of Business  | Mailing Address                        |                                  |  |   |
| P.O. BOX 250  | 17   | P.O. BOX 2507                          |                                  | 1  |   |
| LARGO FL 34   | 649-2507   | LARGO FL 34649-2507                    |                                  |  |   |
|   |  |  |                                  | 3. Date incorporated or Qualified 04/16/1981   | 3a. Date of Last Report<br>06/21/1995         |
|   | ace of Business  | 2a. Mailing Address                    |                                  | 4. FEI Number  | Applied For                                   |
| 21  | U -1-  | 26                                     |                                  | 59-2099496   | Not Applicable                                |
| Suite, Apt. :   | #, etc.  | Suite, Apt. #, etc.                    |                                  | 5. Certificate of Status Desired   | S8.75 Additional Fee Required                 |
| City & State  | )  | City & State                           |                                  | 6. Election Campaign Financing   | \$5.00 May Be                                 |
| 23  |  | 28                                     |                                  | Trust Fund Contribution  | Added to Fees                                 |
| Zip   | Country  | Zip                                    | Country                          | 8. This corporation has liability for in   | ntangible tax under s. 199.032,               |
| 24  | 9. Name and Address of Current   |  | 30                               |  | Yes 🖸 No                                      |
|   | s. Name and Address of Current   | negistered Agent                       | B1 Name                          | 10. Name and Address of New R  | egistered Agent                               |
| DANNO.  | N RDIAN  |  |                                  | eve Prins<br>Address (P.O. Box Number is Not Acceptable  |   |
| JOHNSON, BRIAN<br>3007 ALT 19 NORTH   |  |  | 82 Street 7                      | Address (P.O. Box Number is Not Acceptabl<br>100 82nd Avenue Nort  | e)<br>- <b>L</b>                              |
| PALM HARBOR FL 34683  |  |  | 83                               | OO OZHA AVEHAE NOI   | - II  |
| ]   |  |  | 84 City                          |  | [[  |
|   |  |  | l Pi                             | nellas Park  | FL 85 Zip Code 34665                          |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am |  |  |                                  |  |   |
| familiar wit  | th, and accept the obligations of Section                              | on 617.0503, Florida Statutes.         | by the corporations              | board of directors. Friereby accept the appo   |   |
| SIGNATURE _   | Stephon H. Vris  | n1                                     | <u></u>                          |  | 3-11-96                                       |
| 12.   | Signature, typed or printed name of registered again a<br>OFFICERS AND |  | Registered Agent signature re    | ADDITIONS/CHANGES TO OFFI  | DATE CERS AND DIRECTORS IN 12                 |
| TITLE   | VP   | DELETE                                 | 1.1 TITLE                        | 7.7.7.10 (0.0) 1.7.7.02.0 (0.0) 1.7.7  | Change Addition                               |
| NAME  | ROMEO, DALE  |  | 1.2 NAME                         |  |   |
| STREET ADDRESS  | 10750 ULMERTON RD  |  | 1.3 STREET ADDRESS               |  |   |
| CITY-ST-ZIP   | LARGO FL   |  | 1.4 CITY-ST-ZIP                  |  |   |
| TITLE   | P POLITICAL PROPERTY   | <b>™</b> DELETE                        | 21 TITLE                         | P  | Change 🙀 Addition                             |
| NAME  | JOHNSON, BRIAN<br>3007 ALT. 19 N.                                      |  | 2 2 NAME                         | Steve Prins  |   |
| STREET ADDRESS  DITY-ST-ZIP   | PALM HARBOR FL   |  | 2 3 STREET ADDRESS               | 5000 82nd Avenue<br>Pinellas Park, FL  | North   |
| TITLE   | T  | DELETE                                 | 2.4 CITY-ST-ZIP<br>3.1 TITLE     | Timerias fark, FL  | 34665   |
| NAME  | SALCH, MARY ANN  | J                                      | 3.2 NAME                         |  | □ a a a a □ vacuum                            |
| STREET ADDRESS  | 5000 82ND AVE N  |  | 3.3 STREET ADDRESS               |  |   |
| CiTY+ST-ZIP   | PINELLAS PARK FL   |  | 3.4 CITY-ST-ZIP                  |  |   |
| TITLE   | D  | <b>X</b> DELETE                        | 4.1 TITLE                        | D  | Change X Addition                             |
| NAME  | OWENS, MIKE  |  | , 4. 2 NAME                      | John Liparito  |   |
| STREET ADDRESS  | P.O. BOX 10070 N/A   |  | 4.3 STREET ADDRESS               | 3409 Harrow Road   |   |
| CITY-ST-ZIP<br>TITLE  | BROOKSVILLE FL<br>D  | <b>▼</b> DELETE                        | 4.4 CITY - ST - ZIP<br>5 1 TITLE | Spring Hill, FL  | 34606<br>☐ Change ☐ Addition                  |
| NAME  | GRAVES, CONNIE   | Ellectic                               | 5.2 NAME                         | D<br>Tonny Stanling  | Change 🙀 Addition                             |
| STREET ADDRESS  | 11170 70TH AVE. N.   |  | 5.3 STREET ADDRESS               | Terry Sterling   |   |
| CITY-ST-ZIP   | SEMINOLE FL  |  | 5.4 CITY-ST-ZIP                  | 10750 Ulmerton Roa<br>Largo, FL 34648  | a   |
| TITLE   | SD   | DELETE                                 | 6 1 TITLE                        |  | ☐ Change ☐ Addition                           |
| NAME  | NEWMAN, RETA   |  | 6.2 NAME                         |  |   |
| STREET ADDRESS  | 10850 ULMERTON RD  |  | 6 3 STREET ADDRESS               |  |   |
| CITY-ST-ZIP   | LARGO . FL   | ith this files is used at a first of   | 64 CITY-ST-ZIP                   | 74. 4. Al.   | NT(O)(I) Fig. 1 b O)                          |
| i i i i i i i i i i i i i i i i i i i   | y ceruiy mat me information supplied w                                 | au i uis illing is voluntarily turnish | eu and does not qual             | lify for the exemption stated in Section 119.0   | Localiki Florida Statutes I further           |

4. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes: I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 🚄

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

Daytime Phone #

CR2E037 (12/9